



TWO

OF

JAMES MURPHY

TWO CASES  
OF  
SARCOMA OF THE TESTIS.

BY  
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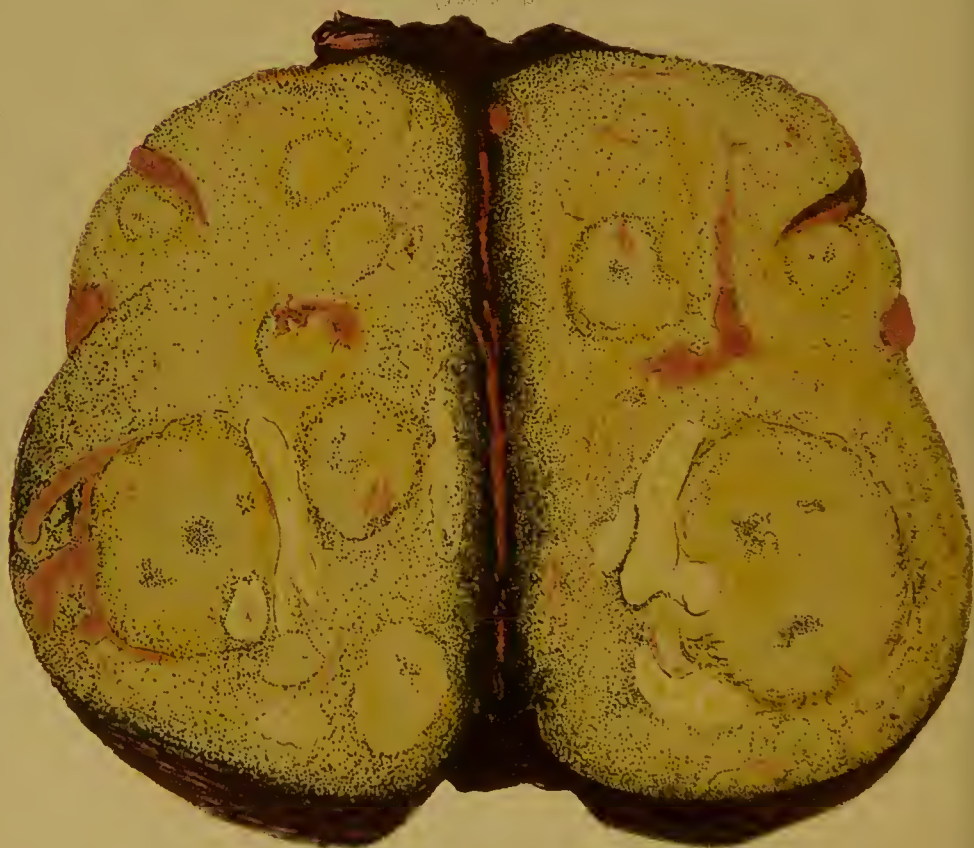
1887.







Cystic Sarcoma of Testicle  
 About 2 1/2



Sarcoma of Testicle



## TWO CASES OF SARCOMA OF THE TESTIS.

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THE great achievements of recent surgery in the diagnosis and treatment of the diseases of the organs of the abdomen, the thorax, and the cranium, have so monopolized the surgical literature of the day, that minor matters are neglected; and I therefore venture to publish the notes of the following cases of sarcoma of the testis, trusting that they may be acceptable, inasmuch as tumours of the testis have always been a source of difficulty in their diagnosis, although no tumour of the body offers such facilities for thorough examination; and it is within the experience of most surgeons that, the man who suffers from such a tumour, wanders about from consulting room to consulting room, and from consulting rooms to the abodes of quacks, anxious to receive each one's opinion, but extremely loath to part with the diseased organ.

In the early part of 1885, I was consulted by a strong, healthy-looking, young man, aged 21, who, three months previously, accidentally discovered a painless tumour, the size of a hen's egg, of his right testis. He applied to his ordinary medical attendant, who ordered complete rest in bed, and the application of ice, after which it was strapped, then an ointment was rubbed in, and, after a course of three months' treatment, as matters were getting worse, I was consulted, when I found the following conditions present:—The scrotum was normal in appearance, but distended by a tumour of the right testis, in size and shape not unlike a large orange, its sides flattened like the ends of the orange, perfectly painless, even on severe pressure, giving an indistinct feeling of fluctuation, but at no place could actual fluid be discovered, perfectly smooth, and of equal consistence, about the weight of a hydrocele, and quite impenetrable to the transmission of light. The separation of the epididymis from the testis could not be distinguished, nor could the testicular sensation be produced by pressure on any portion of the tumour. The glands of the groin and loin were unaffected, the cord but slightly enlarged. There was no history of any injury, or of any venereal disease; neither had there been, at any time, pain or other evidence of inflammation of the part. I therefore diagnosed sarcoma of the testis, probably cystic, and advised immediate removal. This the patient declined, and, for the following twelve months, consulted a large number of surgeons, homeopathists, faith-healers, curers of secret diseases, and others, until one surgeon, more enterprising than the rest, plunged a large trocar some inches into the tumour, which had the effect of sending the patient back to me willing to submit to castration, which was accordingly performed on February 16th, 1886.

The tumour was submitted to my friend, Dr. SQUANCE, to whom I am indebted for the very accurate and beautiful drawing accompanying this paper, for the slides under the microscope, and for the following report: "The tumour weighed one pound and one ounce, and, when laid open, measured  $5\frac{1}{2}$  inches by 4 inches. Before being washed it presented the appearance depicted in the accompanying drawing, the surface generally being studded with very small translucent cysts, with larger ones interspersed. Some of the cysts contained a clear watery fluid, and others a gelatinous one. *Microscopic appearance*: Under a lower power, a section of the tumour was seen to consist almost entirely of cysts, varying in size, and surrounded by fibrous tissue, denser in some places than others. When more highly magnified, the cysts were seen in many cases, to be lined with a delicate, hyaline membrane, studded with small cells almost exactly resembling those found in the vesicles of a hydatiform mole. In some of the cysts villous projections into the interior were noticed; on the confines, the growth was much softer, consisting of small round, and spindle-shaped cells. The pearl-like bodies were of two kinds, soft and hard; the former contained fatty debris of granules, fibre-cells, and cells resembling seminal epithelium cells, while the hard ones contained what appeared to be ill-developed cartilage, large cornified cells, without nuclei, fragments of seminal tubes, fatty and molecular matter and pigment. There were no spermatozoa."

In three weeks time the wound was practically healed, but about the middle of April, he complained of abdominal pain, and on examining the abdomen, I found a large tumour reaching almost to the umbilicus, which contained fluid, and very much resembled in its clinical characters an ovarian cystoma. He rapidly lost flesh, and, towards the end of May, the tumour was enormous. He now measured fifty-six inches round the umbilicus, his legs were enormously swollen, while his chest and arms were like those of a skeleton. I tapped the large cyst in the front part of the tumour, and, after removing forty-three pints of dark, grumous-looking fluid, there still remained a large solid growth behind. On June the 9th, he died, and I removed an enormous growth—small rounded cell sarcoma—which occupied about the whole abdomen, firmly adherent to pelvis and abdominal walls, and including in its growth, omentum, mesentery, intestines, liver, stomach, in fact, the whole abdominal contents were more or less implicated in the growth.

Case II.—M. W., æt. 74, of Redcar, Yorkshire, consulted me last December. He supplied the following history:—Had been a remarkably healthy man all his life; never had venereal disease or rheumatism. Last September noticed that his right testicle, without any apparent cause, began to swell, which, in a few weeks, was followed by similar swelling of the left testicle, that both



had continued steadily growing, in spite of various remedies applied by many physicians, until now the right testicle was the size of a small cocoa nut, and the left very similar in all its characters, but somewhat smaller. They were pyriform in shape, somewhat resembling what fruiterers sell as Duchesse pears, and felt rather like a not too ripe one, that is, that though soft and yielding, they gave no evidence of fluctuation; were impervious to light, and felt lighter than a hydrocele. Their sides were somewhat flattened, and their surface regular, except here and there were a few bossy knobs, slightly harder than the rest of the tumour; in front of each was a collection of fluid. Both could be strongly squeezed without causing pain, no glands in the groin or within the abdomen could be felt to be enlarged, the cords were as thick as one's little finger, the epididymis could not be distinguished, the scrotum was of a congested and livid appearance, its veins being varicose, but in no place was it adherent to the tumours.

From these characters, their history, the absence of an inflammatory state at any period, the patient's age, and from both testicles being affected, as well as from the complete failure of the various treatments, I felt justified in diagnosing sarcoma of both testicles, and removed them on December 10th. The wound healed in a fortnight, and, at the end of a month, he returned to his home in Yorkshire, and so far (September, 1887), continues well, but, I fear, sooner or later, there will be a return of the disease.

The accompanying drawing for which, with the slides, I am also indebted to my friend Dr. SQUANCE, very accurately depicts the appearance of the disease. He has kindly furnished me with the following microscopical report:—"The principal portion of the new growth is composed of small round cells, with spindle cells interspersed, and, in places, fibrous tissue with embryonic vessels. In the older portion of the tumour the seminiferous tubes have disappeared, with the exception of the remains of a few atrophied ones; whilst in the newer portion some of them appear to be developing into cysts, confirmative of Péan's statement, that these small cysts grow in the ducts of the gland. The right testicle, which weighed one pound and four ounces, contained two ounces of straw-coloured fluid on its anterior surface, *underneath the tunica albuginea*, containing round cells, external surface somewhat bossy, as is also cut surface to a slight degree, which is of a pale yellow colour, in marked contrast to the rosy tint of several little hemorrhages on its pale surface, and here and there are little oblong or roundish plaques of a yellow colour, which were formerly regarded as portions of carcinoma, but which are, in reality, patches of broken down, fatty, and degenerating tissue, and have been described by ROBIN, under the

name of *phymatoïde*. On section, the tumour gives a somewhat grating sensation, a thin section shaken in water turns it somewhat milky."

*Remarks.*—The literature on sarcoma of the testicle, indeed I may say on all tumours of the testis, is to my mind, of a very unsatisfactory nature, though, undoubtedly, much has been done by ASTLEY COOPER, CURLING, ERICHSEN, BRYANT, HUMPHREY, JACOBSON, PEARCE GOULD, and others; but, the best description of it that I have had access to is by my friend, M. Péan, Surgeon to St. Louis Hospital, Paris, who divides sarcoma of the testicle into two kinds: (1) *Les tumeurs types*; (2) *Les tumeurs mixtes*, which certainly has its advantages, and to the latter class belongs my first case. In this country, however, we would call it a cystic sarcoma at the present day, as it certainly is, possessing both the histological characters and clinical history of sarcoma, though, had it fallen to Sir ASTLEY COOPER, he might possibly have regarded it as an example of what he described as: "The hydatid or encysted disease of the testicle."

It would be beyond the limits of the present paper to discuss fully whether such a disease has a real existence in a benign form, as alleged by ASTLEY COOPER,<sup>1</sup> who states that it is "entirely local, as I have seen it in persons who enjoyed excellent health, who have retained that health after the removal of the testicle, and in whom the disease has never shown itself at any future period;" who is also supported by Péan,<sup>2</sup> who says: "La bénignité du pronostic a été dûment constatée. Plusieurs opérés n'ont pas eu de récidive;" and who further states that it is because such cases as the one here related are confounded with the true cystic disease, that some writers regard it as undoubtedly malignant; whereas, on the other hand, several eminent authorities hold that it is always malignant, as, for example, the writers<sup>3</sup> on tumours of the testis (HOLMES's System of Surgery), who state that it is "not a disease distinct by itself, but the early state of sarcomatous disease of the testis, a state of varying duration, but one that will be followed, sooner or later, by rapid increase locally, and, most probably, by secondary deposits elsewhere."

The second case may be regarded as a typical case of sarcoma of the testicle, and it is interesting to note that the fluid was contained beneath the tunica albuginea, a condition which possibly has existed in some of the cases where a small hydrocele has been said to have been present, a condition which, to judge from the plate 83 given in Péan's work, already quoted, existed in that case, which is described as a "kyste grand et unique." And

<sup>1</sup>"Diseases of the Testis," 2nd edition, page 140.

<sup>2</sup>"Diagnostic et traitement des tumeurs de l'abdomen et du bassin," vol. iii., page 437.

<sup>3</sup>"A System of Surgery," 3rd edition, vol. iii., page 535.

it is also interesting to note that, in the first case, the disease commenced in the right testicle; and, in the second case, it commenced and was more fully developed on that side, as Péan states: "Le sarcome *type* débute habituellement dans la testicule droit: sur 13 observations, nous trouvons 10 fois le droit, 2 fois le gauche, 1 fois les deux."<sup>1</sup> He concludes an excellent description of the disease with: "En résumé tumeur indolente ou peu douloureuse, à développement lent ou à poussées rapides, ovoïde, charnue, mollassse, parfois fluctuante, régulière au début, plus tard inégale avec bosselures larges, résistantes à la partie postérieure; tels sont les principaux caractères cliniques du sarcome du testicule."<sup>2</sup>

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<sup>1</sup>Op. cit., page 451

<sup>2</sup>Op. cit., page 457.





